

agreed to, the bill as amended be read a third time and passed, the motion to reconsider be laid on the table, and any statements relating to the bill be printed in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

The committee amendment was agreed to.

The bill was read the third time and passed.

MEASURE READ THE FIRST TIME—S. 2095

Mr. FRIST. I understand that S. 2095, introduced earlier today, is at the desk. I ask for its first reading.

The PRESIDING OFFICER. The clerk will report the bill by title.

The assistant journal clerk read as follows:

A bill (S. 2095) to enhance energy conservation and research and development and to provide for security and diversity in the energy supply for the American people.

Mr. FRIST. I now ask for its second reading and object to my own request.

The PRESIDING OFFICER. Objection is heard.

AUTHORITY TO SIGN ENROLLED BILLS AND JOINT RESOLUTIONS

Mr. FRIST. Mr. President, I ask unanimous consent that during this adjournment of the Senate the majority leader or the assistant majority leader be authorized to sign duly enrolled bills or joint resolutions.

The PRESIDING OFFICER. Without objection, it is so ordered.

AUTHORITY FOR COMMITTEES TO FILE REPORTS

Mr. FRIST. Mr. President, I ask unanimous consent that notwithstanding the recess committees be allowed to file reports on Wednesday, February 18, between the hours of 10 a.m. and 12 noon.

The PRESIDING OFFICER. Without objection, it is so ordered.

PROVIDING FOR A CONDITIONAL ADJOURNMENT OR RECESS OF THE HOUSE AND SENATE

Mr. FRIST. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of H. Con. Res. 361, the adjournment resolution, that the concurrent resolution be agreed to, and the motion to reconsider be laid upon the table.

The PRESIDING OFFICER. Without objection, it is so ordered.

The concurrent resolution (H. Con. Res. 361) was agreed to, as follows:

H. CON. RES. 361

Resolved by the House of Representatives (the Senate concurring). That when the House adjourns on the legislative day of Wednesday, February 11, 2004, it stand adjourned until 2 p.m. on Tuesday, February 24, 2004, or until the time of any reassembly pursuant to sec-

tion 2 of this concurrent resolution, whichever occurs first; and that when the Senate recesses or adjourns on Thursday, February 12, 2004, Friday, February 13, 2004, or Saturday, February 14, 2004, on a motion offered pursuant to this concurrent resolution by its Majority Leader or his designee, it stand recessed or adjourned until noon on Monday, February 23, 2004, or at such other time on that day as may be specified by its Majority Leader or his designee in the motion to recess or adjourn, or until the time of any reassembly pursuant to section 2 of this concurrent resolution, whichever occurs first.

SEC. 2. The Speaker of the House and the Majority Leader of the Senate, or their respective designees, acting jointly after consultation with the Minority Leader of the House and the Minority Leader of the Senate, shall notify the Members of the House and the Senate, respectively, to reassemble at such place and time as they may designate whenever, in their opinion, the public interest shall warrant it.

Mr. FRIST. Mr. President, at this juncture, I have several statements and comments I will make. I will be happy to turn to the Democrat leader if he has comments which he wishes to make.

PASSAGE OF S. 1072

Mr. DASCHLE. Mr. President, I commend the majority leader for the efforts we have made in the last 2 weeks to complete our work on the highway bill. This was not an easy task, but I think we can look back with some satisfaction having achieved our goal.

Again, I appreciate the cooperation on both sides in an effort to complete our work. I have no other comments at this point.

CLOSING THE HEALTH CARE GAP OF 2004

Mr. FRIST. Mr. President, I want to spend a few minutes to make some comments on some current issues that occurred over the course of the day and in the news. To begin with, I wish to make a statement on a bill I had the opportunity to introduce earlier today but have not yet taken the opportunity to comment on, a bill entitled Closing the Health Care Gap of 2004.

I was proud to join today with my colleagues, Senator MARY LANDRIEU, Senator THAD COCHRAN, Senator MIKE DEWINE, Senator KIT BOND, Senator JAMES TALENT, Senator JOHN WARNER, and Senator KAY BAILEY HUTCHISON to introduce this bill, Closing the Health Care Gap of 2004. It is a bill that addresses a major problem and a major challenge we have today in health care; that is, health care disparities.

Last year, I outlined the framework for action to combat these health care disparities that plague our Nation's health care system. Since then, we have reached out broadly to a wide range of national leaders and Senate colleagues to gather their input and their ideas. As a result, I believe that legislation embodies an effective strategy to reduce and work toward elimination of these health care disparities.

Over recent years, we have made tremendous advances in our knowledge of and our fight against disease. But we know millions of Americans today still experience disparities in health outcomes as a result of ethnicity, or race, or gender, or limited access to quality health care.

A couple of examples: Disparity populations exhibit poor health outcomes and have higher rates of HIV/AIDS, diabetes, cancer, infant mortality, and heart disease. The list of illnesses goes on and on. African Americans and Native Americans die younger than any other racial or ethnic group. African American and Native American babies die at significantly higher rates than the rest of the population. Native Americans, Hispanic Americans, and African Americans are twice as likely to suffer from diabetes and experience serious complications from their disease. Today these gaps are simply unacceptable. Today we begin a new and aggressive effort to address these inequities.

This bill—Closing the Health Care Gap Act of 2004—addresses the root causes of health care disparities by focusing on five key areas.

First, expanding access to quality health care.

Second, strengthening national leadership efforts and coordination.

Third, helping increase the diversity of health care professionals.

Fourth, promoting more aggressive health professional education intended to reduce barriers to care.

Fifth, enhancing research to identify sources of racial, of ethnic, and geographic disparities and assess promising intervention strategies.

Every American believes that the best quality of health care possible, regardless of race, ethnicity, gender, or where they live, is deserving. The bipartisan "closing the health care gap" would go a long way toward achieving this goal.

I appreciate the support of so many colleagues and prominent outside organizations, including the National Medical Association, the National Hispanic Medical Association, the Urban League, and the National Conference for Community and Justice. Together, we can make real progress toward eliminating health care disparities, closing the Health Care Gap Act of 2004.

CLONING IN SOUTH KOREA

Mr. FRIST. Mr. President, this morning, many awoke to the news that South Korean scientists have successfully cloned a mature human embryo. This is an alarming development. Decades ago C.S. Lewis saw the dangers facing human dignity. In his essay "The Abolition of Man," he warned in conquering nature, nature is actually conquering mankind. To clone a human being is to move from procreation to the manufacture of human life. And this is dangerous.